## STEWART, KOLASCH &

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

## COMBINED DECLARATION AND POWER OF ATTORNEY

ATTORNEY DOCKET NO.

## FOR PATENT AND DESIGN APPLICATIONS

2185-0536P	

FOLLOWING:  Unsert Title:	As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  PROCESS FOR PRODUCING THERMOPLASTIC RESIN COMPOSITION						
Fill in Appropriate							
Fill in Appropriate Information -	the specification of which is a						
For Use Without		n was filed on Apri		as			
Specification Attached: O   P	United States Appl	ication Number	; an	id /or			
/ 0.2	· \						
( 44,	International Application Number						
( 3 / 9 m	amended under Po	CT Article 19 on	(if appl	icable)			
		I hereby state that I have reviewed and understand the contents of the above identified specification,					
Benningt	fincluding the claims, as amer	nded by any amendment	referred to above.	_			
			which is material to patentability a	as defined in Title 37,			
		Code of Federal Regulations, §1.56.  I do not know and do not believe the same was ever known or used in the United States of America before					
			in any printed publication in any				
			this application, that the same wa				
			year prior to this application, that				
			rtificate issued before the date of t				
			n application filed by me or my le				
			ms) prior to this application, and t been filed in any country foreign t				
			epresentatives or assigns, except a				
			tle 35, United States Code, §119				
			ted below and have also identific				
			g a filing date before that of the				
Insert Priority	priority is claimed:						
Information:	Prior Foreign Application	1(s)		Priority Claimed			
(if appropriate)	2000-130347	Japan	April 28, 2000	∑ □			
	(Number)	(Country)	(Month/Day/Year Filed)	Yes No			
	(Number)	(Country)	(Month/Day/Year Filed)	Yes No			
	(Number)	(Country)	(Month/Day/Year Filed)	Yes No			
	,	, ,,,	, , ,				
	(Number)	(Country)	(Month/Day/Year Filed)	Yes No			
	(Number)	(Country)	(Month/Day/Year Filed)	Yes No			
	•	it under Litle 35, United	d States Code, §119(e) of any Uni	ted States provisional			
Insert Provisional	application(s) listed below.						
Application(s):   (if any)	(Application Number)		(Filing Date)				
	(Application Number)		(Filing Date)				
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More Than 12 Months (6						
	Months for Designs) Prior 7						
Insert Requested Information:	Country		Application No. Date	of Filing (Month/Day/Year)			
(if appropriate)							
	I hereby claim the henefit under Title 25 United States Code \$190 of any United States and United States (a)						
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the						
·	prior United States application in the manner provided by the first paragraph of Title 35, United States Code,						
	§112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37,						
	Code of Federal Regulations, §1.56 which became available between the filing date of the prior application						
	and the national or PCT inte			<del></del>			
Insert Prior U.S.	<b></b>						
Application(s):	(Application Number)	(Filing Date	) (Status - patented, p	ending, abandoned)			
-							
	(Application Number)	(Filing Date	) (Status - patented, p	ending, abandoned)			

I hereby a finit the following attorneys to prosecute this plication and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

1,066)
3,380)
9,680)
3,977)
2,644)
2,181)
4,313)

Send Correspondence to:

## BIRCH, STEWART, KOLASCH & BIRCH, LLP

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole Inventor:	GIVEN NAME FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
Insert Name of Inventor	Mituo MAEDA	mitus maeda		May 30, 2601			
Document is Signed	Residence (City, State & Country)	, to the same	CITIZENSHIP	, , , , ,			
Insert Residence Insert Citizenship	Tsukuba-shi, Ibaraki, JAPAN Jap			е			
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)						
Insert Post Office Address	2-13-1-5-102, Umezono, Tsukuba-shi, Ibaraki, JAPAN						
Full Name of Second Inventor, if any:	GIVEN NAME FAMILY NAME INVENTOR'S SIGNATURE DA			DATE*			
see above	Residence (City, State & Country)		CITIZENSHIP				
	POST OFFICE ADDRESS (Complete Street Address	including City, State & Country)					
Full Name of Third Inventor, if any	GIVEN NAME FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
see above	Residence (City, State & Country)		CITIZENSHIP				
	riesidence (only, oracle a country)						
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)						
Full Name of Fourth	GIVEN NAME FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
Inventor, if any							
see above	Residence (City, State & Country)  CITIZENSHIP						
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)						
Full Name of Fifth Inventor, if any	GIVEN NAME FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
see above				·			
300 200.0	Residence (City, State & Country)						
			<u> </u>				
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)						

\* DATE OF SIGNATURE